

# ACCREDITATION STANDARDS

## CORE SERVICE STANDARDS

FOR PROVIDERS OF SEXUAL ABUSE/ASSAULT VICTIM  
CORE SERVICES

Washington State Sexual Assault Services  
Advisory Committee

**Updated June 2003**

KEY:

AGA = Agency Governance & Administration

AC = Agency in the Community

CIC = Client Information and Confidentiality

FE = Facilities and Equipment

FM = Fiscal Management

P = Personnel

QA = Quality Assurance

CS = Core Services

*Italicized text* = failing rating indicators on B standards

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AGA1: The agency has legal authority to operate in the State of Washington, but not as a for-profit business.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Evidence of legal authority to operate (such as Articles of Incorporation).
2. Evidence of legal authority to operate as an entity other than a for-profit business.
3. By-Laws (Charter and constitution).

**On-Site Evaluation**

The team will inspect documents.

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AGA2: The agency has a governing board or an advisory committee organized for effective leadership and guidance of the sexual assault program.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. The agency has a written description for: selection of members, duration of membership and election of officers.
2. There is a written description of organizational structure and responsibilities of the board of directors. (When an advisory committee, there is a formalized link to the organization's governing board.)
3. The board appoints a specific staff position(s) (such as director) to whom it delegates authority and responsibility for agency management and implementation of policy. This staff position reports regularly to the board/advisory committee.
4. There is a written description that shows who/what group is responsible for: selection and evaluation of the director, financial oversight, strategic planning, fund raising, personnel policy, and agency/community relationships. (This may be board members, community members or others.)
5. Minutes of board and committee meetings are kept as a permanent up-to-date record in a secure place.
6. Minutes include dates of meetings, names of participants, issues addressed, actions taken, and financial reports.

**On-Site Evaluation**

The team will review documents (such as bylaws, board manual, board meeting minutes, organizational charts, job descriptions, personnel policies).

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AGA3: Each member of the governing board or advisory committee for a sexual assault program must have orientation and training specific to their role. This standard evaluates content, not length, of board orientation and training.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Written documentation of each board member's completion of board orientation.
2. There is an agenda for board orientation which includes a review of the agency mission, structure, goals and objectives, programs, method of operation and finances. The agenda also includes information on the dynamics of sexual abuse/assault and relevant community resources, as well as how medical, legal and social services respond to victims of sexual assault.
3. A board manual is provided to all members.
4. There is an annual plan for board/advisory committee training and documentation of member attendance at these trainings.

**On-Site Evaluation**

The team will review documentation of board orientation and training (such as training sessions, conferences attended, videos observed, and technical assistance received by board members). Documentation must include dates, attendance, and content.

The team will review the board manual and interview members of the board of directors or advisory committee.

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**AGA4 was deleted during review by Sexual Assault Services Advisory Committee**

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AGA5: Agency policy addresses conflict of interest or the appearance of conflict of interest on the part of the governing board, personnel or consultants.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

Written policy addresses, at a minimum:

1. Current direct service providers (including volunteers), employees or immediate family members of employees serving on the board;
2. Staff and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases or professional services;
3. Board members having any direct or indirect financial interest in the agency's assets, business affairs, leases or professional services;
4. Board members receiving payment, except where permitted by law; and
5. Preferential treatment of board members, personnel or consultants in applying for or receipt of the agency's services.

**On-Site Evaluation**

The team will review written policies and may interview personnel and volunteers.

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
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**Standard AGA6:** The agency ensures that steering or directing referrals exclusively to a private practice in which agency personnel, consultants, or their immediate families may be engaged, is prohibited.

The agency plans for the transfer of cases in the event workers leave the agency for private practice.

The agency requires professional workers conducting a private practice on the agency's premises to provide clients with a clear written statement that the client is receiving that worker's services only, and not those of the agency.

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Written policy regarding client referrals to private practitioners.
2. Written policy governing the transfer of cases in the event workers leaving the agency for a private practice.
3. Written policy regarding private practices conducted on agency premises.

**On-Site Evaluation**

The team will review written policies.

**ACCREDITATION STANDARDS--AGENCY IN THE COMMUNITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AC1:**    **The agency ensures the cultural competency of its service delivery. Cultural Competency is defined as the ability of the organization to recognize the diversity of a community's perspective based on factors including race, ethnicity, sexual orientation, disability, income, geographic influence, religion, and age, and the effect those factors have on the community's needs for, and access to services delivered by the organization.**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
Written plan that identifies cultural competency objectives and plan for achieving those objectives.
<b>On-Site Evaluation</b>
The team will review policies, planning documents, and agendas. The team will also interview board members, staff, and volunteers.



**ACCREDITATION STANDARDS--AGENCY IN THE COMMUNITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AC2:**    **The agency/program's services are available and delivered to clients without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state or local law.**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
Written agency policy ensures that sexual abuse/assault services are offered without discrimination except if the agency defines its service populations as those of a specific client group. <b>(If the agency defines its service population within a specific client group, there must be a clear written rationale for selectivity.)</b>
<b>Note: Agency/program must have a policy that protects each group listed in the standard, but may use different language to identify protected classes, as best suits the agency/program.</b>
<b>On-Site Evaluation</b>
The team will review written agency policy and other agency publications that reference non-discrimination against clients for each category included in this standard.

**ACCREDITATION STANDARDS--AGENCY IN THE COMMUNITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AC3:**     **The agency examines its intake and service delivery at least annually to ensure that there are no barriers which prevent access to services by the defined community (such as transportation, facility barriers, language).**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b> (To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. Written policies, procedures, and/or materials are available and procedures are in place to ensure appropriate provision of services to clients such as those who do not speak the primary language used by the agency. For example: bilingual professional staff, translators, basic program information in languages appropriate to clients or potential clients, access to facilities and adequate transportation.</li><li>2. Evidence of, at minimum, annual review and discussion of issues, such as language barriers, transportation needs of clients or potential clients (accessibility, availability, affordability and special needs), and provisions for use of accessible facilities. The agency must demonstrate positive movement towards overcoming barriers to service.</li></ol>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review policies, procedures, written program information materials, documentation of meeting discussions and follow-up; examine facilities; and interview staff.</p>
<p style="text-align: center;"><b>Rating Indicators</b> (The agency must score 1 or 2 to achieve the standard)</p> <ol style="list-style-type: none"><li>1. The agency carefully examines its intake and service delivery to ensure that no barriers prevent access to services. If barriers are found, immediate steps are taken to remedy the situation.</li><li>2. The agency is committed to open access of its services and makes efforts to examine its practices of intake and service delivery to eliminate inadvertent barriers. However, difficulties or delays may be expected either in provision of a comprehensive service or in implementation of changes when needed.</li><li>3. <i>The agency is either unable to devote time to this activity or there is a pattern of inattention to this task. The lack of review and/or safeguards make the likelihood of barriers to access probable; or problems identified have not been given priority for remedy.</i></li><li>4. <i>The agency has not examined its practices as specified and/or evidence of barriers exist.</i></li></ol>

**ACCREDITATION STANDARDS--AGENCY IN THE COMMUNITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AC4:**    **The agency disseminates information that sufficiently covers all of its programs or services, and makes known its role, functions and capacities to other agencies, community organizations, government bodies and business community as a basis for joint planning efforts, interagency cooperation, purchase of service agreement and contracts.**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
(To achieve this standard, the agency must demonstrate compliance with each item)
1. Documentation of materials and activities related to services provided.
2. Evidence of collaborative interagency efforts such as written minutes of interagency meetings.
3. Written interagency agreements.
<b>On-Site Evaluation</b>
The team will review written materials and may interview staff and members of the board.

**ACCREDITATION STANDARDS--AGENCY IN THE COMMUNITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard AC5:     The agency/program advocates for social change by addressing community conditions which adversely affect sexual abuse/assault victims/survivors and with other organizations working toward the elimination of sexual violence.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Written evidence that shows that the agency provides a mechanism for staff, volunteers, clients and their families to advocate for social change around sexual abuse/assault issues, both within the agency and in the community at large. (Such as newsletters, proposed legislation, programs from community meetings.)
2. Evidence that the agency participates (through membership or other evidence of involvement) in statewide and national groups to improve service for individual clients, identify gaps in service, advocate for needed change, and share training and other resources.

**On-Site Evaluation**

The team will review written materials and other evidence of advocacy efforts.

The team may interview staff, volunteers and board members.

**ACCREDITATION STANDARDS--CLIENT INFORMATION AND CONFIDENTIALITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CIC1: The agency has and follows written policies and procedures governing:**

- Informed written consent of client, including minor and vulnerable adult clients, to receive services
- Subpoenaed records and staff
- Participation of clients in public appearances or when the agency is using identifiable photographs or videotapes of clients
- Release of information about clients
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults (RCW 74.34.035 and RCW 26.44.030) and agency documentation of reports
- How a client accesses his/her file
- Confidentiality of client information, including access to and use of information about clients

**The agency ensures that such policies meet any applicable legal requirements.**

Required Level of Compliance: A

<p style="text-align: center;"><b>Evidence of Compliance</b></p> <p>Agency/program has written policies/procedures regarding the above seven issues. Documentation that clients consent to receive services in compliance with agency/program policy. Evidence of documentation of mandatory reports. Description of how agency assures compliance with applicable legal requirements.</p>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review policies/procedures and client records. The team will interview staff and volunteers.</p>

**ACCREDITATION STANDARDS--CLIENT INFORMATION AND CONFIDENTIALITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CIC2: The agency informs clients about applicable policies and procedures:**

- Informed written consent of clients, including minors and vulnerable adults, to receive services
- Subpoenaed records and staff (when applicable)
- Participation of clients in public appearances or when agency is using identifiable photographs or videotapes of clients (when applicable)
- Release of information about clients
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults, and agency documentation of reports
- How a client may access his/her file
- Confidentiality of client information, including access to and use of information about clients.

Required Level of Compliance: A

<b>Evidence of Compliance</b>
The agency documents that client information was given.
<b>On-Site Evaluation</b>
The team will review policies/procedures and client records. The team will interview staff and volunteers.

**ACCREDITATION STANDARDS--CLIENT INFORMATION AND CONFIDENTIALITY**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CIC3:**    **The agency has and follows written operational procedures, consistent with legal requirements governing the retention, maintenance and destruction of records of clients. These procedures should address: protection of the privacy of clients and former clients; disposition of client records in the event of the dissolution of the agency; and reasonable protection against destruction by fire, earthquake, flood or other damage.**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
1. Written operational procedures on record security, maintenance and access by individuals other than the client.
2. Description of safeguards against unauthorized access, fire, loss or other hazard.
3. Description of how long records are maintained.
<b>On-Site Evaluation</b>
Computer data and back-up procedures, if applicable. Fireproof safe or other safeguarding precautions will be observed.
The team will review procedures, observe record-keeping system and security of the same, data preservation systems, and interview staff.

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2. Description of safeguards against unauthorized access, fire, loss or other hazard.
3. Description of how long records are maintained.

Computer data and back-up procedures, if applicable. Fireproof safe or other safeguarding precautions will be observed.

The team will review procedures, observe record-keeping system and security of the same, data preservation systems, and interview staff.

**ACCREDITATION STANDARDS--FACILITIES AND EQUIPMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FE1:     The agency's premises and equipment are safe and functional for use by clients, personnel and visitors, and are in compliance with local codes and standards of all relevant regulatory agencies.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b></p> <p>The agency maintains or has access to permanent records of administrative reports, incident reports and reports of health, fire and other safety inspections relevant to its operations and any local fire, zoning or building codes.</p>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review the agency's files for reports and evidence of compliance with local ordinances or codes. In cases where the records are in the possession of the building owner, the agency will secure and make copies of these records available.</p>
<p style="text-align: center;"><b>Rating Indicators</b> (The agency must score 1, 2 or 3 to achieve the standard.)</p> <ol style="list-style-type: none"><li>1. All required reports and reference copies are kept in an accessible, permanent file. The agency is in full compliance with all applicable requirements and conforms to all zoning regulations and building codes.</li><li>2. With minor exceptions, the agency has required access to materials. Reports note minor exceptions, but the agency is in compliance. The agency conforms to all regulations and codes, with minor discrepancies.</li><li>3. Some but not all required papers are accessible. The agency and/or the building owner is in "provisional" status with regard to safety codes and regulations. There are major areas out of compliance.</li><li>4. <i>The agency has no access to the required materials. The agency and/or the building owner is in violation of regulations or is operating without approval of appropriate authorities.</i></li></ol>



**ACCREDITATION STANDARDS--FACILITIES & EQUIPMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**

**Standard FE2:     The agency is housed, equipped and maintained in a manner which is suited to its program of services, and which reflects the agency's positive regard for its clients.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b> (To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. The physical environment reflects the agency's commitment to provide for the comfort and dignity of its clients.</li><li>2. The agency maintains a work environment for its personnel that is conducive to effective performance and has offices or rooms available for interviewing or counseling in a private, confidential manner.</li></ol>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will observe facility, taking note of: whether it is hospitable and appropriate to the agency's purpose (including the reception/waiting area and play/activity area for children); provides sufficient opportunity for client privacy; has convenient, private and sanitary toilet facilities; and has access to a well-lit and equipped activities or meeting room.</p>
<p style="text-align: center;"><b>Rating Indicators</b> (The agency must score 1, 2 or 3 to achieve the standard)</p> <ol style="list-style-type: none"><li>1. The agency has superior physical facilities, which in all areas enhance clients' feelings of self-worth and support the services provided. The work environment is well equipped and suited to the needs of personnel and clients for private and confidential interviewing space. A variety of types of space needed to carry out effectively its administrative and service delivery responsibilities are available, attractively furnished and well maintained.</li><li>2. The agency has good physical facilities, which support the services provided, and which in most cases enhance client's feelings of self-worth. The agency has private and confidential interviewing rooms or offices and adequate workspace for all key positions. The facilities may be somewhat cramped, in need of updating or expanding to meet the personnel's need, but are not impaired in a way that has impacted service delivery, or the program has a plan in place to address such weaknesses of facility when needed.</li><li>3. The agency has adequate facilities for most of the services offered, but there are areas that do not conform to accepted concepts of care. There are limited facilities for its professional and administrative personnel, such as it lacks enough, or sufficiently private, interviewing space at peak periods or is generally untidy or overcrowded.</li><li>4. <i>The agency has inadequate facilities, which do not provide an appropriate context for delivery of its services. There are no provisions for privacy or interviewing or for conducting the collective business of the agency.</i></li></ol>

**ACCREDITATION STANDARDS--FACILITIES & EQUIPMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FE3:     The agency acts to ensure the safety of its clients, personnel and visitors on all facility premises as well as during transport for agency business.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. The agency has a written plan for personnel and client safety needs, including fire, medical or other emergencies, to which personnel are formally oriented and which are posted for client and visitor inspection.
2. The agency has a written plan for personnel and client security needs, to which all staff and volunteers are oriented.
3. The agency has a readily accessible telephone in each major service area.
4. If applicable, the agency has a written policy regarding the use of private or agency-owned vehicles to transport clients that includes the provision of adequate insurance coverage, appropriate passenger restraint systems (such as car seats for infants and young children) and licensure of drivers, as required by law. The agency shall maintain records documenting compliance with policies.

**On-Site Evaluation**

The team will review the emergency plans, their posting and the availability of telephones. The team also will review the transportation policy and the documentation of compliance, if applicable.

**ACCREDITATION STANDARDS--FISCAL MANAGEMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FM1:     The agency plans for the current fiscal cycle.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. There is a written budget for the sexual assault program's current fiscal cycle.
2. The board or its designee approves budgets, budget revisions and budget amendments.

Note: The budget for the current fiscal cycle must be approved at the time of the accreditation, but the date of the approval is not relevant.

**On-Site Evaluation**

The team will review budgets and board meeting minutes.

**ACCREDITATION STANDARDS--FISCAL MANAGEMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FM2:     The agency is accountable to its board, community and, where applicable, to its funding organizations for prudent fiscal management.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance in each area)

1. A copy of the Agency/Program annual report, which provides programmatic and financial information and is distributed to funding organizations and interested community members, upon request.
2. A copy of the most recent independent financial audit report or financial review from within the previous two years, and a formal or informal plan to address any areas of concerns raised by an audit or financial review.
3. Minutes or reports of the finance committee or report from designated member of the governing body (such as Board Treasurer).

**On-Site Evaluation**

The team will review the annual report, audit and audit response, and minutes/reports.

The team will interview personnel and the governing body representative responsible for fiscal management.

**ACCREDITATION STANDARDS--FISCAL MANAGEMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FM3: The agency receives, disburses and accounts for its funds in accordance with sound financial practices and generally accepted accounting principles. The accrual method of accounting is recommended.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Written operational procedures governing internal accounting controls, addressing each element of the standard, including an indication of clear separation of duties for fiscal management.
2. An inclusive and descriptive chart of accounts.
3. Records indicating prompt and accurate recording of revenues and expenses (such as check register, receipt book).
4. Audit report or records indicate the accrual method of accounting, or agency has a written justification for using an alternate method.
5. At least annually, a documentation process that accurately ties each staff's hours worked to the funding sources (such as timesheets or annual desk audit/time study). Only documentation of staff paid with sexual assault funding is required as evidence of compliance. If used, the annual desk audit/time study must cover five working days, be representative of staff's typical work load, and be in hourly increments at a minimum.

**On-Site Evaluation**

The team will interview personnel and governing body agents responsible for fiscal management.

The team will review job descriptions, accounting records (including balance sheets, personnel timesheets, income statements, journal entries) and relevant correspondence with vendors and government agencies.

**ACCREDITATION STANDARDS--FISCAL MANAGEMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FM4:     The agency/program shows evidence of a diverse funding base, resources and/or on-going fund-raising that supports its sexual abuse/assault programs and prevents the interruption of Core Services.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b> (To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. Written contingency plan for the continuation of Core Services in the event of a reduction or discontinuation of funding.</li><li>2. Record of fund-raising efforts over past three-year period.</li><li>3. Evidence of diverse funding base (a mixture of both public and private funds, such as, grant and contract funds, donations, in-kind donations, fees for service, and non-service-related funds-producing activities, such as telethons, auctions, benefits, walks.)</li></ol>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review revenue sources as documented in fiscal records and interview personnel and governing body representative responsible for fund development.</p>
<p style="text-align: center;"><b>Rating Indicators</b> (The agency must score 1 or 2 to achieve the standard.)</p> <ol style="list-style-type: none"><li>1. The agency has diversification and balance in its sources of funding to avoid excessive dependence on any one major funding source which, if terminated, could result in abrupt cessation of service to clients.</li><li>2. The agency has actively implemented a plan for diversification of its funding base, yet despite these efforts, remains dependent on one major source of funding or is underfunded because of matters beyond its control (such as legislative constraints).</li><li>3. <i>The agency is dependent on one major source of funds and has no plan for increasing efforts to diversify its funding base.</i></li></ol>

**ACCREDITATION STANDARDS--FISCAL MANAGEMENT**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard FM5: Controls exist to assure proper accounting for payroll costs.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b></p> <p style="text-align: center;">(To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. Written policy regarding written authorization for new hires, terminations, rates of pay and deductions.</li><li>2. Written policy which states that director or designee reviews and approves payroll expenditures and time/overtime records.</li></ol>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review personnel records specific to written authorization for new hires, terminations, rates of pay and deductions and will interview the director or designee.</p>
<p style="text-align: center;"><b>Rating Indicators</b></p> <p style="text-align: center;">(The agency must score 1 or 2 to achieve the standard)</p> <ol style="list-style-type: none"><li>1. Records are complete as to written authorizations for hires, terminations, rate changes and deductions; all legal and regulatory requirements governing its payroll practices are followed; personnel follow procedures for payroll expenditure approval and timesheet/overtime review; director or designee reviews and approves payroll and time records.</li><li>2. A few minor record-keeping omissions exist, minimal procedural infractions occur irregularly, or periodic sampling review of records occurs on a systematic basis.</li><li>3. <i>Record keeping is significantly deficient; laws or regulations have occasionally been violated because of lax procedures or training; very occasional review of payroll and time records occurs.</i></li><li>4. <i>Written authorizations are not required or obtained for personnel changes; agency routinely violates applicable regulatory requirements; there is no oversight by director or designee.</i></li></ol>

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**P1 was deleted during review by Sexual Assault Services Advisory Committee**



**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P2:**     **The agency has written job descriptions which clearly state qualifications and responsibilities for each position or group of positions and has a plan for annual review. Each employee and volunteer receives a copy of her/his job description at the time of hiring and at any time changes are made.**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
(To achieve this standard, the agency must demonstrate compliance with each item)
1. Written job descriptions. Evidence that each employee and volunteer has received a copy of her/his job description.
2. A copy is in each employee's and volunteer's personnel file.
3. Written policy for annual review of job descriptions.
<b>On-Site Evaluation</b>
The team will review written materials.

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P3:**      **Personnel policies/procedures specify the responsibilities of employees, volunteers, the agency and the board of directors. Copies of the applicable personnel policies/procedures are provided to all new employees, volunteers and board members; updated copies are provided when changes are made. Each policy/procedure must allow for periodic review and input by those affected by that policy.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Copy of agency personnel policy/procedures.
2. Written evidence that new employees, volunteers and board members have received copies of applicable personnel policy/procedures.
3. Copy of agency's procedure for participation in review of policies.

**On-Site Evaluation**

The team will review the written materials and the agency's procedure for participation of employees and board in changes.

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P4:**     **The agency actively recruits, employs and promotes personnel, and actively recruits and promotes volunteers and board/advisory committee members, all of whom are broadly representative of the community at large.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. A written policy, which affirms that staff, board/advisory committee and volunteers, should reflect the diversity of the community at large.
2. A written plan that identifies the diversity of the community at large, the agency's diversity objectives and a plan, with timeline, for achieving those objectives.

**On-Site Evaluation**

The team will review the written materials.

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P5:** The agency complies with applicable laws and regulations in regards to fair employment practices and contractual relationships, such as the Equal Employment Opportunity Act, Civil Rights Act of 1964, (as amended), the Fair Labor Standards Act (as amended), the Equal Pay Act and Age Discrimination in Employment Act, the Occupational Safety and Health Act, the National Labor Relations Act, the Americans with Disabilities Act, and state or local laws, regulations or contractual relations where these are more stringent or supersede federal regulation.

The agency has written policies that clearly state its practices in recruitment, employment, transfer, termination and promotion of its employees. These policies specify the nondiscriminatory nature of the agency's employment practices on the basis of age, gender, ethnicity, nationality, disability or religion. Agencies are strongly encouraged to include sexual orientation as one of these groups. However, it is not required unless dictated by local ordinances. The policies are systematically monitored and reviewed.

Required Level of Compliance: B

<b>Evidence of Compliance</b>
Written description of how (such as board and administrative review, review by counsel, personnel committee review, etc.) agency assures compliance with employer/employee regulations and contracts.
<b>On-Site Evaluation</b>
The team will review policies/procedures and written materials. The team may interview staff and/or board members.
<b>Rating Indicators</b> <b>(The agency must score 1 or 2 to achieve the standard)</b>
1. Agency personnel policies and practices have been developed with reference to the legal and contractual requirements. The agency has a formal mechanism for monitoring and review of its implementation of policy. No evidence exists that the agency has violated any law or regulation.
2. Agency policies have been developed with reference to the legal and contractual requirements, but are not systematically reviewed against content of laws. Policies generally seem soundly constructed and consistent with laws and regulation, in the judgment of the team. Employees raise no concern about violation of their rights as employees. Written information specifies non-discrimination in employment.
3. <i>There is cause for concern about agency compliance because of lack of care taken to review its practices against existing laws or because of pending charges.</i>
4. <i>The agency has been notified by a regulatory/government agency that it has clearly violated employee rights, law or regulation and/or conducts illegal activities directed toward decertification or prevention of the organization of a union and has not taken steps to remedy the situation(s).</i>

**ACCREDITATION STANDARDS--AGENCY GOVERNANCE & ADMINISTRATION**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**P6 was deleted during review by Sexual Assault Services Advisory Committee**

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P7:      The agency has a written schedule of salaries and benefits for all positions. The schedule is evaluated by management and the board of directors on a yearly basis. The evaluation takes into consideration local or regional standards for similar positions.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Written salary and benefit schedule provided for all agency positions. Exempt and non-exempt employees are identified.
2. Minutes of Board of Directors, Personnel Committee or its designee indicate annual evaluation of salary and benefit structure.

**On-Site Evaluation**

The team will review materials provided.

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**P8 was deleted during review by Sexual Assault Services Advisory Committee**

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**P9 was deleted during review by Sexual Assault Services Advisory Committee**



**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P10:**     **The organization's director is qualified by having a minimum of six years of management experience. College education may substitute, year for year, for no more than a total of four of the years. The director must also have a minimum of 20 hours of management training specific to not-for-profits, including public or private human services agencies. The sexual abuse/assault program director/coordinator (when not the agency director) must have a minimum of 10 hours of general management training.**

**Management staff who do not provide direct client services must receive at least 12 hours of ongoing management training each year. Management staff who also provide direct client services, may include management related training as part of the required 12 hours of ongoing annual training.**

Required Level of Compliance: B

<b>Evidence of Compliance</b>	
Personnel records or other relevant documentation indicates compliance.	
<b>On-Site Evaluation</b>	
The team will review personnel records or other relevant documentation.	
<b>Rating Indicators</b> <b>(The agency must score 1 or 2 to achieve the standard)</b>	
1.	The director meets or exceeds the standard. The program director/coordinator meets or exceeds the standard.
2.	The director does not meet the standard, by lack of years of experience/college education. The agency is aware of this and a written plan has been implemented for an on-going training program or significant activity (such as mentoring, purchased supervision) to meet the standard. AND/OR The sexual abuse/assault program director/coordinator does not meet the management training standard. The agency has implemented a written plan to meet the director/coordinator management training standard within six months.
3.	<i>Gaps exist in experience or education for the director. There is no written plan for compliance.</i>
4.	<i>The agency does not meet the managment training standard. There is no plan for compliance within the next 12 months.</i>

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P11: Personnel assigned administrative and/or supervisory responsibilities are qualified by experience and training in supervision or administration and/or receive on-the-job orientation and training for a specified trial work service period. Core service providers and their supervisor must meet the qualifications defined for each service. See Accreditation Standards – Core Services.**

Required Level of Compliance: A

<p style="text-align: center;"><b>Evidence of Compliance</b> (To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. Copies of applicable written job descriptions.</li><li>2. Copies of applicable resumes.</li></ol>	
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review written materials.</p>	

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P12:**     **The agency conducts appropriate, legally mandated and permissible criminal background inquiries regarding prospective employees and volunteers who will have responsibilities where clients are children, elderly or other persons vulnerable or at risk.**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
Written evidence in each personnel file of a background check conducted by Washington State Patrol (WSP) or another agency accessing WSP information.
<b>On-Site Evaluation</b>
The team will review relevant documents, such as personnel records.

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P13:**     **All new personnel are oriented to the agency's goals, services, policies, and operational procedures, the agency's service population and the agency's collaboration with other community resources.**

Required Level of Compliance:    A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Copy of current schedule or list of topics for orientation.
2. Evidence that personnel sign-off on agenda items, after they have received orientation.

**On-Site Evaluation**

The team will review the orientation schedule and may interview selected personnel.

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P14:**     **The agency provides supervision of personnel, clearly delegating supervisory responsibility and holding personnel accountable for the performance of assigned duties and responsibilities. Personnel receive supervision consistent with their varying levels of skills and experience, the complexity and size of their workload, and their length of time in current job assignment.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b></p> <p style="text-align: center;">(To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. Copy of organizational chart.</li><li>2. Description of supervision practices.</li></ol>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review the organizational chart, policy/procedures and personnel records and may interview the director, supervisors and staff members.</p>
<p style="text-align: center;"><b>Rating Indicators</b></p> <p style="text-align: center;">(The agency must score 1 or 2 to achieve the standard)</p> <ol style="list-style-type: none"><li>1. The agency has a systematic approach to accountability of its personnel. Variations in individual's education, experience and levels or responsibility are considered (such as highly skilled, trained and experienced direct service personnel may have consultative, reporting or collegial meetings with peers and/or supervisors; less experienced personnel have regular individual supervision).</li><li>2. Supervision and other accountability procedures exist for all levels of personnel; occasional temporary deviations have occurred in carrying them out, such as lapses in supervision and longer periods between supervisory sessions.</li><li>3. <i>Supervision and accountability procedures exist. However, lapses over long periods have occurred and agency has few, if any, mechanisms to prevent their recurrence.</i></li><li>4. <i>There is such variation in the quality of supervision that one or more of the core services fail to meet the standard.</i></li></ol>

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P15:**     **Agency personnel receive a performance evaluation at least one time per year. Personnel are given the opportunity to sign and comment in writing on the evaluation and are given a copy of the evaluation prior to its entry into personnel records.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b></p> <p>Copy of agency policy/procedures regarding personnel review and evaluation. Description of agency procedures for evaluation of personnel.</p>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review agency policy/procedures and personnel records and may interview staff and/or volunteers.</p>
<p style="text-align: center;"><b>Rating Indicators</b> <b>(The agency must score 1 or 2 to achieve the standard.)</b></p> <ol style="list-style-type: none"><li>1. Evaluations are jointly conducted between the supervisor and every employee/volunteer and are completed no more than one year from the date of the last evaluation. A signed copy of the evaluation, with employee's comments, is provided to the employee.</li><li>2. Evaluations are conducted between the supervisor and each employee/volunteer. They are not always completed on an annual basis, but occur within at least a two-year period.</li><li>3. <i>More than 25 percent of the personnel records have no annual evaluation. The opportunity to add written comments is not provided and/or personnel do not have the opportunity to read or review their evaluation or have a copy.</i></li></ol>

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P16:** Personnel records are maintained for all employees and those volunteers with management or direct service responsibilities. The personnel records contain: the application or resume; the job description; and performance evaluations and all documentation relating to performance, including disciplinary actions and termination summaries, if applicable.

Agency written policies provide personnel with access to their records. Operational procedures address review, addition and correction by personnel of information contained in their records.

Required Level of Compliance: B

<b>Evidence of Compliance</b>
Copy of personnel policies, sample personnel records.
<b>On-Site Evaluation</b>
The team will review personnel policies and a sample of personnel files.
<b>Rating Indicators</b> <b>(The agency must score 1 or 2 to achieve the standard)</b>
1. There is an official record for every employee and for all volunteers with management or direct service responsibility. The record contains the items listed in the standard in updated and easily accessible form.
2. Each record contains most items in up-to-date form. There are occasional exceptions. One or two records on newly hired employees and direct service volunteers have not yet been opened.
3. <i>There are some missing records, such as more than 10%. Each record contains only the one or two items deemed most important of the documentation required by the agency. For example, record contains only the written performance evaluation; or many direct service volunteers have no record maintained by the agency.</i>
4. <i>There are many missing records, such as 25% or more, or procedures seem inadequately implemented. Records contain only identifying information on employees and volunteers. Additional documentation is missing from many records.</i>

**ACCREDITATION STANDARDS--PERSONNEL**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard P17:**     **The agency/program providing and/or coordinating 30 hours of initial core sexual abuse/assault training must demonstrate that such training meets the training certification requirements of the Washington Coalition of Sexual Assault Programs (WCSAP).**

Required Level of Compliance: A

<b>Evidence of Compliance</b>
WCSAP certification document of the training(s).
<b>On-Site Evaluation</b>
The team will examine written evidence of compliance: WCSAP certification.



**ACCREDITATION STANDARDS--QUALITY ASSURANCE**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard QA1:      The agency/program demonstrates the ability to collect and utilize the data to plan, manage and evaluate its sexual abuse/assault program's effectiveness.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b></p> <p>Description of how and what information is systematically collected and of the planning and evaluation purposes for which it is used. Information that is utilized can be referral sources, types of clients served, gaps in service and plans to address them.</p>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will examine the data collection and data management system and interview personnel involved in the collection, maintenance and use of information. They will examine random examples of data collected.</p>
<p style="text-align: center;"><b>Rating Indicators</b> (The agency must score 1, 2 or 3 to achieve the standard)</p> <ol style="list-style-type: none"><li>1. The agency collects and maintains information in a systematic way and can produce written documentation that identify its use in planning for services and evaluating effectiveness of programs (such as staff meeting minutes and board planning retreats).</li><li>2. Evaluation needs are generally met by the information collected, but the linkage between purpose and collection is not explicitly made, or there is some other minor deficiency in meeting the intent of the standard.</li><li>3. The agency has not specified the information needs of its evaluation system and collects information insufficient for or unrelated to its current evaluation, program of services or evaluation of the quality of individual client services.</li><li>4. <i>The agency has no systematic information system. Most information collected does not serve a defined evaluation need, and the agency lacks the accurate information needed to carry out a program evaluation effort.</i></li></ol>

**ACCREDITATION STANDARDS--QUALITY ASSURANCE**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard QA2: The agency/program uses its principles, values, and mission in its evaluation, in planning, and in formulating strategies that address both immediate and long-term issues that face the agency/program. Findings are shared at all levels of the organization.**

Required Level of Compliance: B

<p style="text-align: center;"><b>Evidence of Compliance</b> (To achieve this standard, the agency must demonstrate compliance with each item)</p> <ol style="list-style-type: none"><li>1. A copy of written reports, meeting minutes or notes that resulted from the most recent planning process.</li><li>2. A description of the agency's use of the results of its planning and evaluation processes, throughout the organization (such as minutes from retreats, board meetings, regularly scheduled staff meetings).</li></ol>
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review the report, minutes or notes and will interview staff and board members regarding the use of the results of the planning and evaluation processes.</p>
<p style="text-align: center;"><b>Rating Indicators</b> (The agency must score 1, 2 or 3 to achieve the standard)</p> <ol style="list-style-type: none"><li>1. The agency/program conducts a periodic planning process that addresses in sufficient depth and breadth each point in the standard, effectively disseminates information and knowledge gained in this process with key parties within the organization and successfully implements the immediate and long-term plans.</li><li>2. There is a minor deviation, such as the planning process occurs infrequently, or omits some agency components. The agency/program effectively informs internal parties but implements only part of the plan.</li><li>3. There is a planning process, but it is infrequent and addresses either immediate or long-term issues, but not both. There is significant deviation from the intent of open, direct communication of findings, such as findings are poorly communicated to personnel and/or plan implementation is minimal.</li><li>4. <i>The planning process is not undertaken or is too superficial or infrequent to respond to the expectations in the standard.</i></li></ol>

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS1: INFORMATION AND REFERRAL--The agency/program must respond to direct requests for information or assistance related to sexual abuse/assault.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Documentation of the number of calls/contacts per reporting period.
2. Staffing schedule that demonstrates information and referral service is available 24-hours a day.
3. Personnel records indicate compliance with training and supervision qualifications as described in the Information and Referral Service Standard.
4. Written description of a systematic process for updating community resource list. Documentation that community resource list has been updated within the past six months.

**On-Site Evaluation**

The team will review the following documents: personnel records, staffing schedules, resource list and update schedule and other documentation.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS2: CRISIS INTERVENTION--The agency must provide an immediately available personal response to an individual presenting a crisis related to sexual abuse/assault.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Documentation of number of contacts/calls per reporting period.
2. Review of staffing schedule and a call placed to the crisis number by an accreditor demonstrate Crisis Intervention service is available 24 hours each day, and is immediately available.\*
3. Personnel records indicate compliance with the training and supervision qualifications as described in the Crisis Intervention Service Standard.

**On-Site Evaluation**

The team will review the following documents: personnel records, staffing schedule and other documentation.

\* Immediately available means that the interval between a client phone call and a response from a trained advocate is no longer than 20 minutes.

Note to Accreditation Team: The call to the crisis number should be placed within one month, before or after the onsite accreditation review.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS3: MEDICAL ADVOCACY--The agency must act on behalf of and in support of victims of sexual abuse/assault to ensure their interests are represented and their rights upheld.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Documentation of working relationships with the medical community.
2. A system of record keeping/documentation defined by the agency that identifies clients who received medical advocacy and what activities (as outlined in the Medical Advocacy Service Standard) were provided.
3. Personnel records that indicate compliance with the training and supervision qualifications as described in the Medical Advocacy Service Standard.
4. A staffing schedule which demonstrate medical advocacy coverage.

**On-Site Evaluation**

The team will review service documentation, client records\*, personnel records and the staffing schedule.

\* Primary client ID numbers will be provided by OCVA to the accreditation team.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS4:      LEGAL ADVOCACY--The agency must demonstrate the capacity to act on behalf of and in support of victims of sexual abuse/assault to ensure their interests are being represented and their rights upheld.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Documentation of working relationships with the legal community.
2. A system of record keeping/documentation defined by the agency that identifies clients who received legal advocacy and what activities (as outlined in the Legal Advocacy Service standard) were provided.
3. Personnel records indicate compliance with the training and supervision qualifications as described in the Legal Advocacy Service Standard.
4. A staffing schedule which demonstrates legal advocacy coverage.

**On-Site Evaluation**

The team will review the following documents: personnel records, service documentation, staffing schedule and client records\*.

\* Primary client ID numbers will be provided by OCVA to the accreditation team.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS5: GENERAL ADVOCACY--The agency must provide personal support and assistance in accessing sexual abuse/assault related services.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. A system of record keeping/documentation defined by the agency that identifies clients who received general advocacy and what activities (as outlined in the General Advocacy Service Standard) were provided.
2. Personnel records indicate compliance with training and supervision qualifications as described in the General Advocacy Service Standard.
3. A staffing schedule which demonstrates general advocacy coverage.

**On-Site Evaluation**

The team will review the following documents: Personnel records, service documentation and client records\*.

\* Primary client ID numbers will be provided by OCVA to the accreditation team.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS6:      SYSTEM COORDINATION--The agency must demonstrate the capacity to coordinate the service system, which entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision, with the goal of improving service delivery.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Evidence of leadership in **at least four** of the activities described in the System Coordination Service Standard (such as minutes of meetings, letters of endorsement, and previous grants).
2. Evidence of direct participation by **at least five** of the potential participants identified in the System Coordination Service Standard.
3. The agency participates (through membership or other evidence of involvement) in local, statewide and/or national groups to improve service for individual clients, identify gaps in service, advocate for needed change, share training and other resources and work toward the elimination of sexual violence.

**On-Site Evaluation**

The team will review materials such as minutes of meetings, letters of endorsement, previous grants, the agency strategic plan, protocols, interagency agreements and evidence of involvement in local, state and/or national organizations. The team will also interview staff, members of the board/advisory committee, or community members.



**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS7: PREVENTION: SOCIAL CHANGE - The agency must facilitate the process of community mobilization to eliminate factors that cause or contribute to sexual violence.**

Required Level of Compliance: A

<p style="text-align: center;"><b>Evidence of Compliance</b> (To achieve this standard, the agency must demonstrate compliance with each item)</p>	
1.	Evidence of partnership between the agency and a specific community in a community development planning process. Projects can involve specific communities* within the broader service area (i.e., schools, religious sector, summer camps).
2.	Evidence of participation by <b>at least five</b> potential stakeholders, reflective of the specified community's diversity, with the intent to develop and implement a community development plan focused on eliminating sexual violence.
3.	Evidence of appropriate training and supervision for all prevention service volunteers and staff.
4.	Evidence that supervisors of prevention staff have the relevant training and experience.
<p style="text-align: center;"><b>On-Site Evaluation</b></p> <p>The team will review materials such as meeting announcements, meeting minutes, agendas, letters of commitment from stakeholders, documentation of contacts, a written community plan for social change work, or interviews of participants such as staff, supervisors, or community members.</p>	

\* A community is any definable group of people who share concerns or interests.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS8: PREVENTION: INFORMATION/AWARENESS - The agency must demonstrate efforts to inform the community and increase awareness about sexual abuse/assault with the goal of increasing the community's acceptance of responsibility for prevention of sexual abuse/assault within the broader service area.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Evidence that the agency is disseminating information about sexual abuse/assault, including information on underlying causes of sexual violence (i.e. brochures, speakers bureau, PSAs, press releases, media kits and community events).
2. Evidence that the agency is reaching out to diverse populations.
3. Evidence of appropriate training and supervision for all prevention service volunteers and staff.
4. Evidence that supervisors of prevention staff have the relevant training and experience.

**On-Site Evaluation**

The team will review items such as staff meeting minutes, documentation of outreach attempts, documentation of informational presentations, outcome-based evaluations from presentations, samples of printed materials distributed, or interview participants such as staff, supervisors, or community members.

**ACCREDITATION STANDARDS--CORE SERVICES**  
**SEXUAL ABUSE/ASSAULT VICTIM SERVICES**  
State of Washington

**Standard CS9: PREVENTION: BUILDING SKILLS - The agency must provide programs and presentations focused on building skills of individuals and developing strategies to prevent sexual abuse/assault within the broader service area.**

Required Level of Compliance: A

**Evidence of Compliance**

(To achieve this standard, the agency must demonstrate compliance with each item)

1. Evidence of programs/activities that build leadership, enhance decision-making, build relationship skills, and enhance positive self-concept (i.e. physical defense training, assertiveness training, personal-safety awareness, educational support groups, community organizing, social change theory, community development process or classroom presentations)
2. Evidence of technical assistance being provided focused on skill-building to prevent sexual abuse/assault.
3. Evidence that the agency is reaching out to diverse populations.
4. Evidence of appropriate training and supervision for all prevention service volunteers and staff.
5. Evidence that supervisors of prevention staff have the relevant training and experience.

**On-Site Evaluation**

The team will review items such as announcements, documentation of skill-building presentations, evaluations from presentations, samples of materials disseminated, or interview participants such as staff, supervisors, or community members.